U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2 936	2. Fiscal Year Covered From:
	1/1/64 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Leon W. Holdenfield	Name & 1996
• •	Labor Organization File Number 540 249
P.O. Box, Bldg., Room No., if any 5mle 201	P.O. Box, Building and Room Number, if any 5 mt 201
Street 3362 McGimis Pd	Street 3302 McGinis Ferry Rd
City Subtree	City Summe
State 6A ZIP Code + 4 300 247)9	18 State GN ZIP Code + 4 300 24 7/4
5. Position in labor organization. See / Trussure	La commence de la commencia de
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Jamus report and source and a construction of the construction of	7.b. Amount.
Street	
City	
The contractive of the contracti	The state of the s
State ZIP Code + 4	
	gnature
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Con Hollesfuld	on 7-6-05 678-714-3500
	Date Telephone Number

Name of Person Filing LCON M. Holderfre	12 File Number U- 2934
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Sextuce Ral Pstate Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 2990 Bethes da Plaza, Surfetos City Winston-Silem State N C ZIP Code + 4 27/03	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name:	Vardea to the Tronton
Trade Name, if any:	our numbers How
P.O. Box, Bidg., Room No., if any	Plusi- Beritits
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Golf + Lunch
State ZIP Code + 4	12.b. Amount. 85.00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12.b. Amount. 85.00 er parts A and B above)
C. Received from any employer (other than an employer covered und	12.b. Amount. 85.00 er parts A and B above)
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. Per parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. Per parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. Per parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. Per parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. Per parts A and B above) or other thing of value.
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Name of Person Filing Leon M. Holder Fre	14 File Number U- 2936
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name DCNN15 G. JCNN105 CPA. Trade Name, if any: P.O. Box, Bldg., Room No., if any 1301 Sh 1/bH Rd. Street Busiding 1200 Saite 1250 City Kuwesiw State GA. ZIP Code + 4 30/44	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Provide Andit Senvices A According
Street services a property of the control of the co	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	1 Chistmas Gift
	12.b. Amount. 50.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Boy Pide Poom No. if any	

14.b. Amount of payment.

Form LM-30 (2003)

13.b. Is the Business an Employer

or Consultant

City

State

Name of Person Filing Leon M. Holdcrift	eld	File Number U- 29	36
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Blue CROSS + Blue Shield GA	9. Business deals with: a. Labor Organiza	ition	
P.O. Box, Bldg., Room No., if any Street 3350 Acchirace for NE.	b. Trust		,
City AHAWAA State GA ZIP Code +4 36326			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW HTW.—AT/AntH.	11.a. Nature of such dea	HINF	sh in
P.O. Box, Bidg., Room No., if any	oun M.	embarsh vetwor	K
Street 1860 Phoerix BIVA City Aflacta State CA. ZIP Code + 4 30347	11.b. Approximate dollar va	eld or income received.	3,7 Mil
State CA : ZIP Code + 4 3 5 3 4 7 1	Golf Y	Lunch	
	12.b. Amount.		242.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:		•	
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Name of Person Filing LEON M. Holden Cel	File Number U- 293.6
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or ectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	D. Trust
Street	c. Employer
City State ZIP Code + 4	
	44 - Network fouch dealing
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name UFCW Wions + Employen How	provide NTO FOR
Trade Name, if any:	Membership
P.O. Box, Bldg., Room No., if any	
Street 1800 Phoenix BouldVARD Smile 310	11.b. Approximate dollar value of such dealing. 43-5 Mil
city Aflanta, GA	12.a. Nature of interest held or income received.
State GA, ZIP Code + 4 36348-5857	For Mutible Meetings
	In 04
	Reinburk for Meetings
	12.b. Amount. 50.00
C. Received from any employer (other than an employer covered unde	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

	4
Name of Person Filing Leon M. Holdenfie	10 File Number U. 2936
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name BRENNAN + ASSOC. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street GOYS ATLANTIC BLUT City NURCROSS State GA ZIP Code + 4 3007/	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW / \darksquare ATLANTA Trade Name, if any: P.Q. Box, Bidg., Room No., if any	11.a. Nature of such dealing. TR 457 FUND CONSULTANT
Street 1800 PHOFNIX BLUD	11.b. Approximate dollar value of such dealing. 260 o
City ATLANTA State CA ZIP Code + 4 36349	12.a. Nature of Interest held or income received. GULF ULTINICS
	12.b. Amount. 67
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.

14.b. Amount of payment.

Form LM-30 (2003)

Street

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

State ZIP Code + 4

or Consultant

Name of Person Filing / LOW M. Yolden Field	X File Number 0-	7,50
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name SLEVIN + HART, PC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 MASS AVE NW City WASHINGTON	9. Business deals with: a. Labor Organization X b. Trust c. Employer	,
State DC ZIP Code + 4 24 3 6		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Htw-AHMA Trade Name, if any:	FUND ATTORNEY	- Marine entre de la colonia d
P.O. Box, Bldg., Room No., if any		. 1
Street 1800 Phoneir Blud	11.b. Approximate dollar value of such dealing.	5400
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	COLF OU 12.b. Amount. er parts A and B above) or other thing of value.	
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	COLF OU 12.b. Amount. er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	COLF OU 12.b. Amount. er parts A and B above) or other thing of value.	
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Name of Person Filing Leon M. Holden Fre	File Number U- 2936	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name PARKER, HUDSON RAINER + DOBBS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 28S PEACHTREE CENTER, NE City ATLANTA State PA ZIP Code + 4 73.7.3	9. Business deals with: a. Labor Organization X. b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW HYW - HYMM Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. FUND ATTURNEY	
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Name of Person Filing Lean M. Holdenfield	File Number U- 2936
B. Held an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name DENNIS G. JENK, NS CPA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1301 SHILOH RD STE 1250 City KENNESAW. State GA ZIP Code + 4 30194	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW HdW-ATLANTA Trade Name, if any: P.O. Box, Bidg Room No., if any Street ISO & PHOFNIX BLUD.	11.a. Nature of such dealing. A U D / To R
City ATLANTA State CN ZIP Code + 4 36349	11.b. Approximate dollar value of such dealing. (3/000) 12.a. Nature of interest held or income received. CULF OUTINGS
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